NJPCA

New Jersey Primary Care Association, Inc.

Katherine Grant-Davis
Executive Director

August 23, 2006

Randall L. Johnson, Chair Citizens' Health Care Working Group 7201 Wisconsin Avenue Suite 575 Bethesda, MD 20814

Dear Mr. Johnson:

This letter is in response to the interim recommendations put forth by the Citizens' Health Care Working Group (CHCWG) on June 1 of this year. I am writing on behalf of our 20 Federally Qualified Health Centers (FQHCs), who together provide high quality primary care to 322,000 patients living in poor, underserved regions of the State of New Jersey.

Although I support most of the recommendations, I do not support changing the FQHC model. It should be noted that in the State of New Jersey, we have **never** had a health organization that was interested in becoming an FQHC fail to meet any of the requirements. As an example, we have had a faith-based group successfully convert over to the FQHC model. We have helped a family planning agency convert to an FQHC. A free clinic, which used a volunteer model, has also successfully become an FQHC. Lastly, the last two FQHCs approved in our state, were hospital-based and they also successfully converted to the FQHC model, which includes development of a community board. New Jersey FQHCs are living proof that the FQHC model itself is indeed workable for all to aspire to become FQHCs. Since that is the case, the recommendation to expand or modify the current FQHC model to include other groups would seem to be irrelevant since our experiences in New Jersey has shown that current requirements are not an impediment to becoming an FQHC.

According to the Office of Management and Budget, FQHCs are among the ten most successful federal programs—the most successful of the Department of Health and Human Services programs. For over thirty years, FQHCs have garnered bipartisan support while retaining the only "patient democracy" in existence. NJPCA attributes the success of FQHCs to the empowerment of our patients; we ask that this message be reflected in the final recommendations of the CHCWG. This model has worked for over 40 years; clearly the need to change it is not in anyone's best interest.

Sincerely,

Katherine Grant-Davis Executive Director

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Cc: Daniel Hawkins, National Association for Community Health Centers